

WAYNE COUNTY
DISTRICT ATTORNEY'S OFFICE
Janine Edwards
District Attorney

Wayne County Court House
925 Court Street
Honesdale, PA 18431-1996



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PRIVATE CRIMINAL COMPLAINT QUESTIONNAIRE

Under Rule 506 of the Pennsylvania Rules of Criminal Procedure, the District Attorney's Office must approve or disapprove all private criminal complaints filed by individuals who are not law enforcement officers. It is important that you provide all the information requested on this questionnaire so that your complaint can be thoroughly reviewed. Failure to provide the requested information may result in the disapproval of your complaint.

Your Information

Last Name	First Name	MI	SSN	Date of Birth
Representing (if representing a company or business, list the name of the business)				
Mailing Address				
City				
Home Phone	Cell Phone	Work Phone	Email Address	

Accused Information

Name of Person or Business Complaint is Against or Description of Subject If You Don't Have a Name					
Mailing Address					
City	State	Zip	Home Phone	Cell Phone	Work Phone

Witness

Last Name			First Name			MI
Mailing Address						
City	State	Zip	Home Phone	Cell Phone	Work Phone	

Witness

Last Name			First Name			MI
Mailing Address						
City	State	Zip	Home Phone	Cell Phone	Work Phone	

Witness

Last Name			First Name			MI
Mailing Address						
City	State	Zip	Home Phone	Cell Phone	Work Phone	

Your Attorney ☐ Check this box if you are not represented by an attorney.

Last Name			First Name			MI
Mailing Address						
Email Address				Work Phone	Cell Phone	

Have you filed a civil lawsuit in this matter? ☐ Yes ☐ No

Do you intend to file a civil lawsuit in this matter? ☐ Yes ☐ No

Did you file a complaint with your local police department? ☐ Yes ☐ No

Police Department	Officer's Name	Case Number

Offense to be Charged

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Your version of the facts ☐ Supporting documents attached

Include details such as dates, times, locations and the reason for your complaint. You must repeat this information on the Private Criminal Complaint form.

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THIS DOCUMENT MUST BE ATTACHED TO THE PRIVATE CRIMINAL COMPLAINT FORM.

Signature Block

I certify that the information I have furnished to the District Attorney in this matter is true and correct to the best of my knowledge and belief.

Your Signature